

Name
in
Full

Irish Baldwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

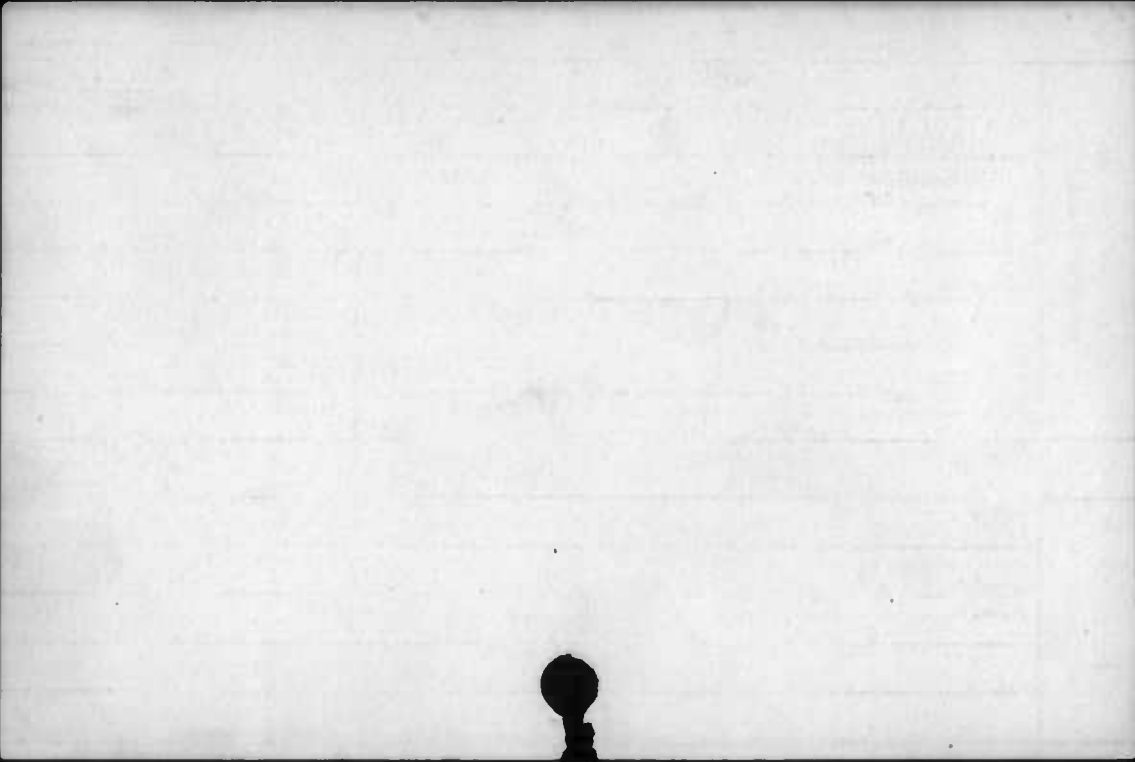
Died at <i>Harvest Grace</i>		Town <i>Harford.</i>		County		MARYLAND		
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>31</i>	Age <i>68</i>	Years	Months <i>4</i>	Days <i>21</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Magnolia.</i>					
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Magnolia.</i>							
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Mrs H Baldwin</i>							
Father's Name <i>James. Coor</i>				Father's Birthplace <i>Magnolia</i>				
Mother's Maiden Name <i>Julia Hickey</i>				Mother's Birthplace <i>Hayeshe Co</i>				
Name of person giving information <i>Ida Chapman</i>				How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>Several years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R W Smith</i>
	Address <i>Harvest Grace</i>
Accident or Suicide?	<i>Wick</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Darlington</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>11</i>	Age <i>67</i>	Years <i>2</i>	Months <i>2</i>
Sex <i>Female</i>	Color or Race <i>W.</i>	Birth-place <i>Ind</i>			
Occupation <i>Wife</i>	Where Residing if not at place of death				
Married, Single Widowed	Name of Wife or Husband <i>John E Boths</i>				
Father's Name <i>James Morris</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Mary Lealder</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>John E Boths</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary <i>Rheumatism & neuralgia</i>	How long <i>5 or 6 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>1/2 hr</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. J. Hark</i>
	Address <i>Darlington Ind</i>
Accident or Suicide?	



Name
in
Full

Hannah L. Burkino

CERTIFICATE OF DEATH

Died at Rocko TownHarford County

MARYLAND

Date of death 1908 DECDay 1Age 68

Years

Months 9

Days

Sex FemaleColor or
RaceWhiteBirth-
placeInd

Occupation

House WifeWhere Residing if not
at place of deathMarried, ~~Single~~
or ~~Widowed~~Name of Wife or
HusbandThos. H. BurkinoFather's
NameWalker W. AdamsFather's
BirthplaceInd.Mother's
Maiden NameNancy MorrisonMother's
BirthplaceInd.Name of person giving
In formationThos. H. BurkinoHow related
to deceasedHusband

CAUSES OF DEATH

Primary

Acute Indigestion

How long

48 hours

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianCharles W. Thomas

Address

Stev. Ave.

Accident or Suicide?

yesTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

104

24



Name
in
Full

William Burkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

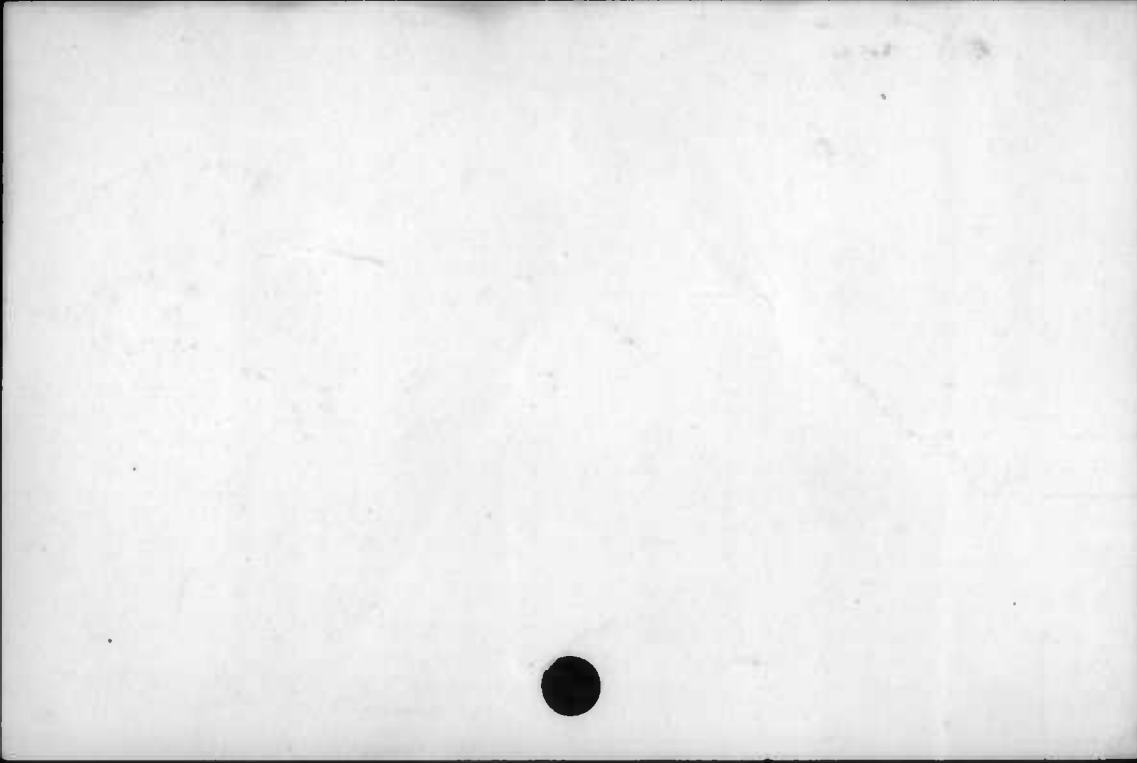
Died at <i>Have de Grace</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>17</i>	Age <i>1</i>	Years <i>1</i>	Months <i>2</i>	Days <i>18</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Have de Grace</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Joseph A Burkins</i>				Father's Birthplace <i>Med</i>			
Mother's Maiden Name <i>Julia Sample</i>				Mother's Birthplace <i>Med</i>			
Name of person giving information <i>—</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>1 week</i>
Immediate <i>Pneumonia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Hopkins</i>
	Address <i>Have de Grace</i>
	<i>Med</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alcander Crowl.

Died at *Rocks* Town *Holbrook* County **MARYLAND**
 Date of death *1908* Month *Dec* Day *20* Age *82* Years Months *7* Days *17*
 Sex *Male* Color or Race *White* Birth-place *Penn.*
 Occupation *Invalid* Where Residing if not at place of death _____

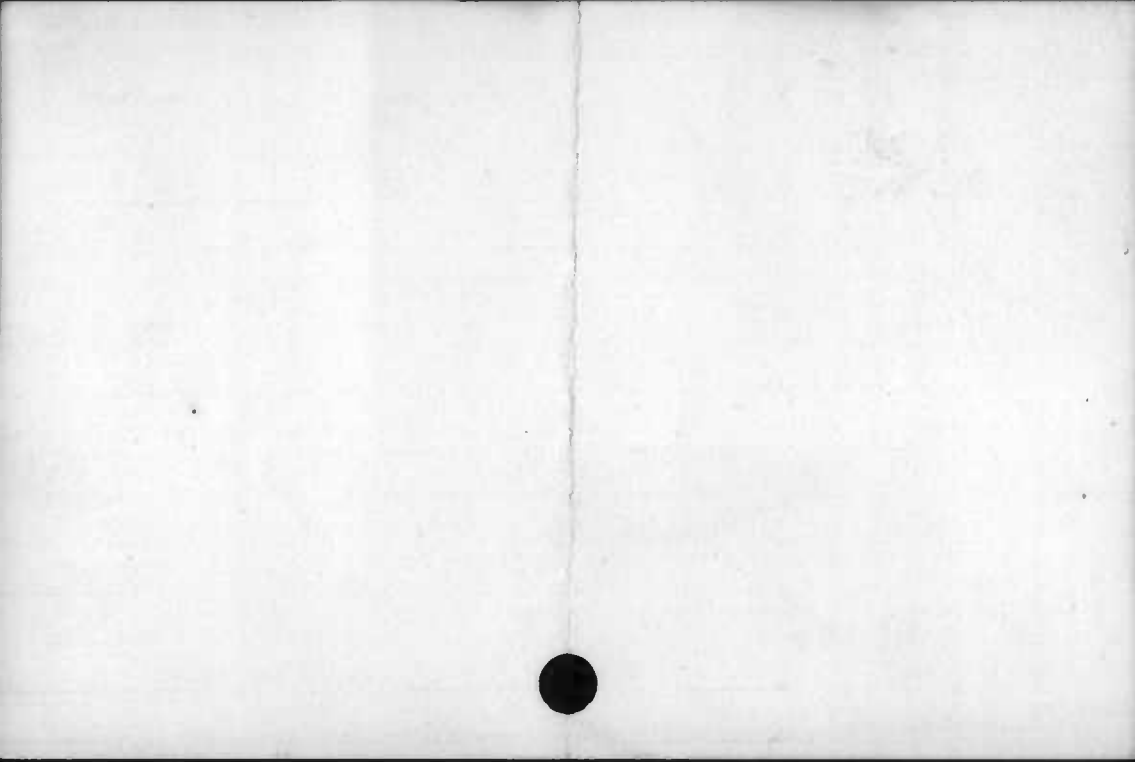
~~Married, Single~~ or Widowed _____ Name of Wife or Husband *Sarah*
 Father's Name *Crowl* Father's Birthplace *Penn.*
 Mother's Maiden Name *Rachel Hall* Mother's Birthplace *Not Known*
 Name of person giving information *James Crowl* How related to deceased *Son*

CAUSES OF DEATH

154
How long

PHYSICIAN
OR CORONER

Primary *Old Age*
 Immediate " "
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *F. P. Armstrong*
 Address *Forest Hill Md*
 Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

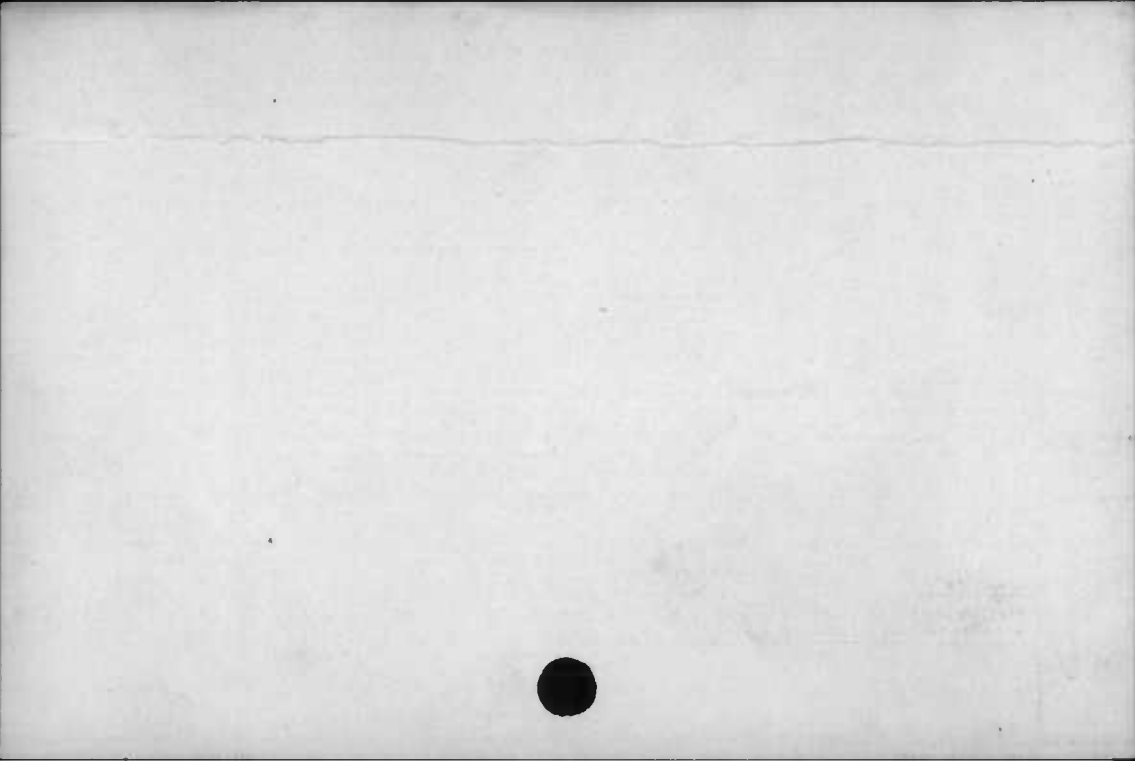
Name in Full <i>Lawrence Dennis</i>		Town <i>near Hammond</i>		County <i>Harford</i>		State MARYLAND	
Died at <i>near Hammond</i>		Month <i>12</i>		Day <i>13</i>		Years <i>1</i>	
Date of death <i>1908</i>		Month <i>12</i>		Day <i>13</i>		Age <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Ind</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Carroll Dennis</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Laura B. Edwards</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Carroll Dennis</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

131

PHYSICIAN
OR CORONER

Primary <i>Un-derdeveloped</i>	How long <i>131</i>
Immediate <i>Cardiac Weakness</i>	How long <i>131</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. Edwards</i>
	Address <i>Ham de Tree Ind</i>
Accident or Suicide? <i>Child died before physician arrived.</i>	Signature of Coroner <i>father</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph R. Drachler

Died at *Handluse* ^{Town} *md* County *Howard* ^{County} *md* **MARYLAND**

Date of death *1908* *Dec* ^{Month} *15* ^{Day} *25* ^{Years} *25* ^{Months} *—* ^{Days} *—*

Sex *male* Color or Race *white* Birth-place *md*

Occupation *news agt* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Geo Drachler* Father's Birthplace *md*

Mother's Maiden Name *—* Mother's Birthplace *md*

Name of person giving information *Geo Drachler* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid* How long *6 weeks*

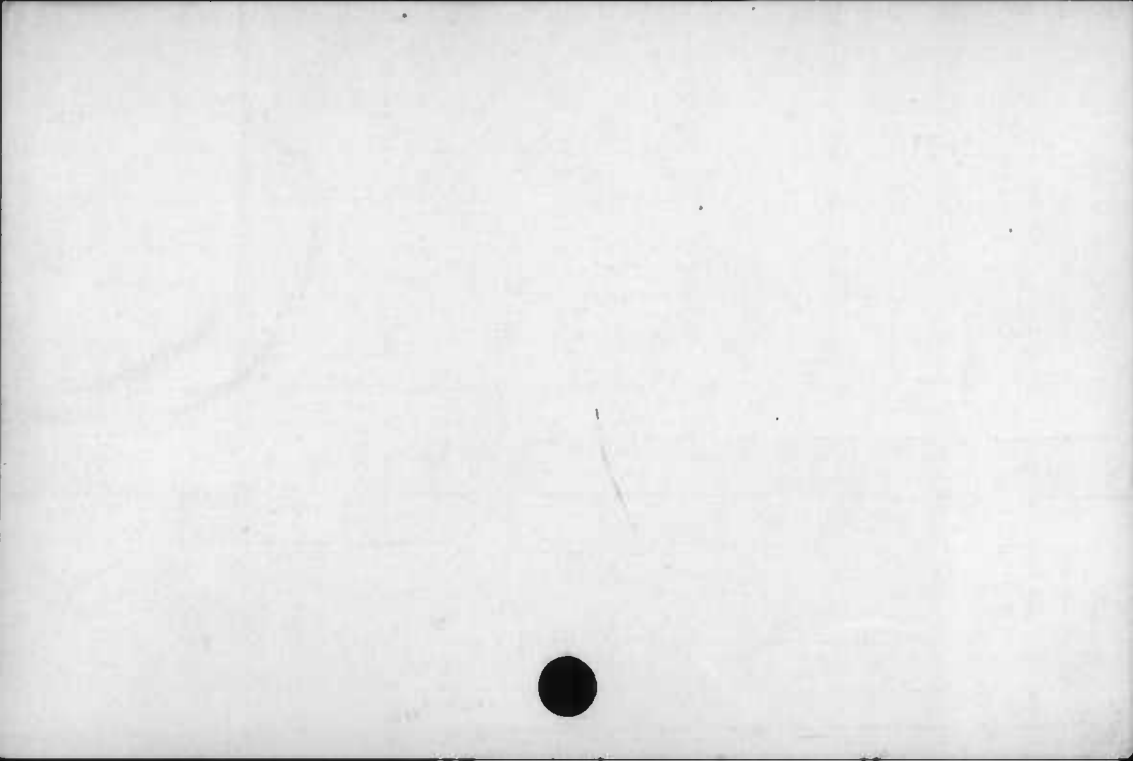
Immediate *Intestinal Perforation* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

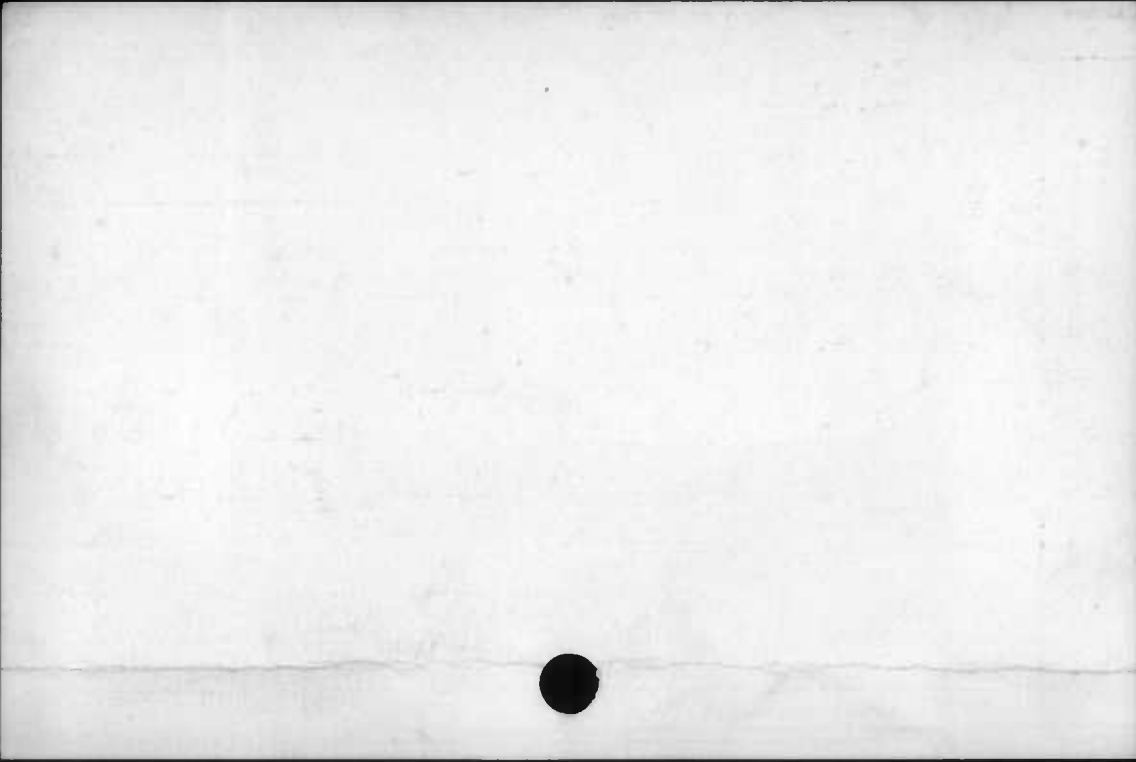
Signature of Physician *Joseph R. Drachler*

Address *Handluse md*

Accident or Suicide? *—*



Name in Full Marytha Louisa Ford		CERTIFICATE OF DEATH	
Died at Town Perryman County Hagerston		MARYLAND	
Date of death 1908	Month 12 Day 20	Age 71	Years 10 Months 24 Days
Sex Female	Color or Race White	Birth-place Maryland	
Occupation Housewife	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Geo. M. Ford		
Father's Name Bennett Shay	Father's Birthplace Ma		
Mother's Maiden Name Alice Bradford	Mother's Birthplace Ma		
Name of person giving information Geo M Ford	How related to deceased Husband		
CAUSES OF DEATH			
Primary	Apoplexy		How long 64
Immediate	Paralysis		How long 15 Minutes
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician [Signature]	
		Address Perryman Md	
Accident or Suicide? No			



Name
in
Full

Nellie May Forsythe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

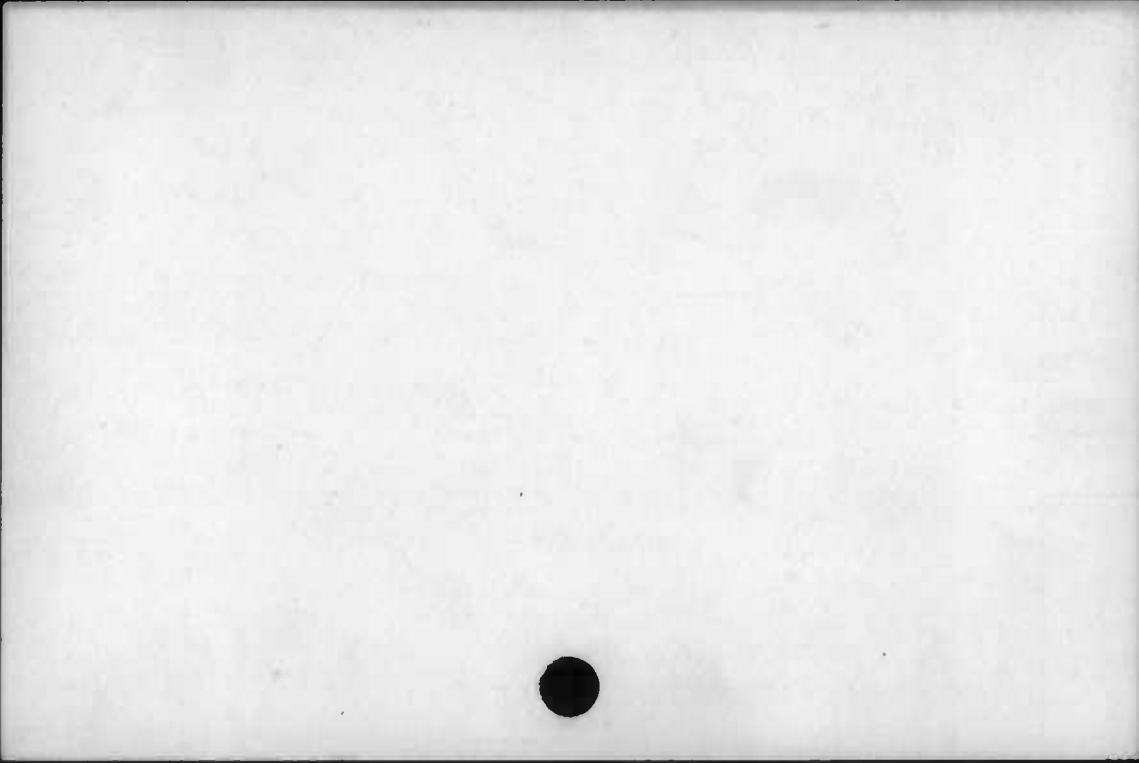
Died at <i>Havre de Grace</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>DEC</i>	Day <i>29</i>	Years <i>43</i>	Months <i>7</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Port Deposit Md</i>		
Occupation <i>Housework</i>			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sherman Forsythe</i>				
Father's Name <i>Joseph I Storie</i>	Father's Birthplace <i>New York</i>				
Mother's Maiden Name <i>Mary E O'Brian</i>	Mother's Birthplace <i>New Orleans La</i>				
Name of person giving information <i>Sherman Forsythe</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of Liver</i>	How long <i>3 years</i>
Immediate <i>Heart & Kidney Complications</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Hopkins</i>
	Address <i>Havre de Grace Md</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

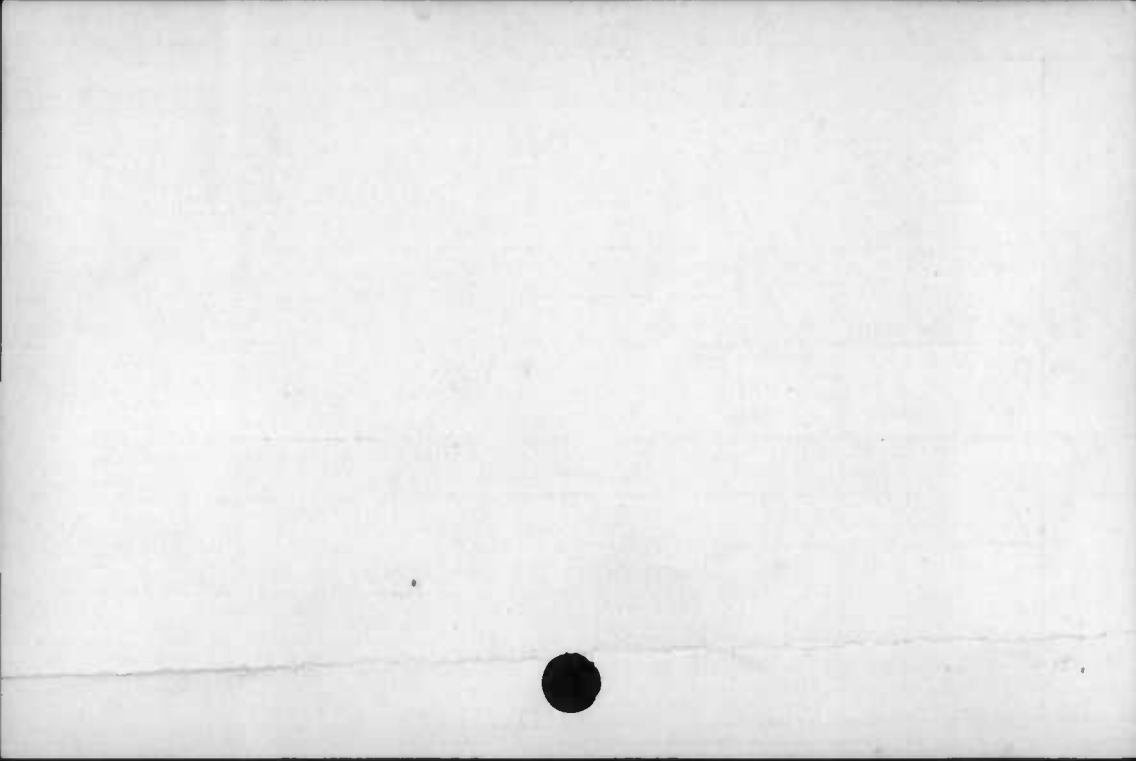
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Perryman</u> Town		<u>Harrison</u> County		MARYLAND	
Date of death <u>1908</u>		Month <u>Dec</u>	Day <u>5</u>	Age <u>5</u> Years	Months <u>10</u> Days
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u></u>			Name of Wife or Husband <u></u>		
Father's Name <u>W. Earl Holloman</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>E. Hue Hindman</u>			Mother's Birthplace <u>Pennsylvania</u>		
Name of person giving information <u>W. Earl Holloman</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Measles</u>	How long <u>5 days</u>
Immediate <u></u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. Stiles</u>
	Address <u>Perryman</u>
	<u>Med</u>
<u>Accident or Suicide?</u>	



Name
in
Full

Edna Horner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Have de Grace*^{County} *Harford*Date
of death *1908*Month
*Dec*Day
*22*Age
*—*Months
*9*Days
*16*Sex
*Female*Color or
Race
*White*Birth-
place
*Have de Grace*Occupation
*—*Where Residing if not
at place of death*Same*Married, Single
or Widowed
*Single*Name of Wife or
Husband
*—*Father's
Name
*Wm Horner*Father's
Birthplace
*Md*Mother's
Maiden Name
*Kate Stone*Mother's
Birthplace
*Md*Name of person giving
In formation
*John Fadelley*How related
to deceased
Brother

CAUSES OF DEATH

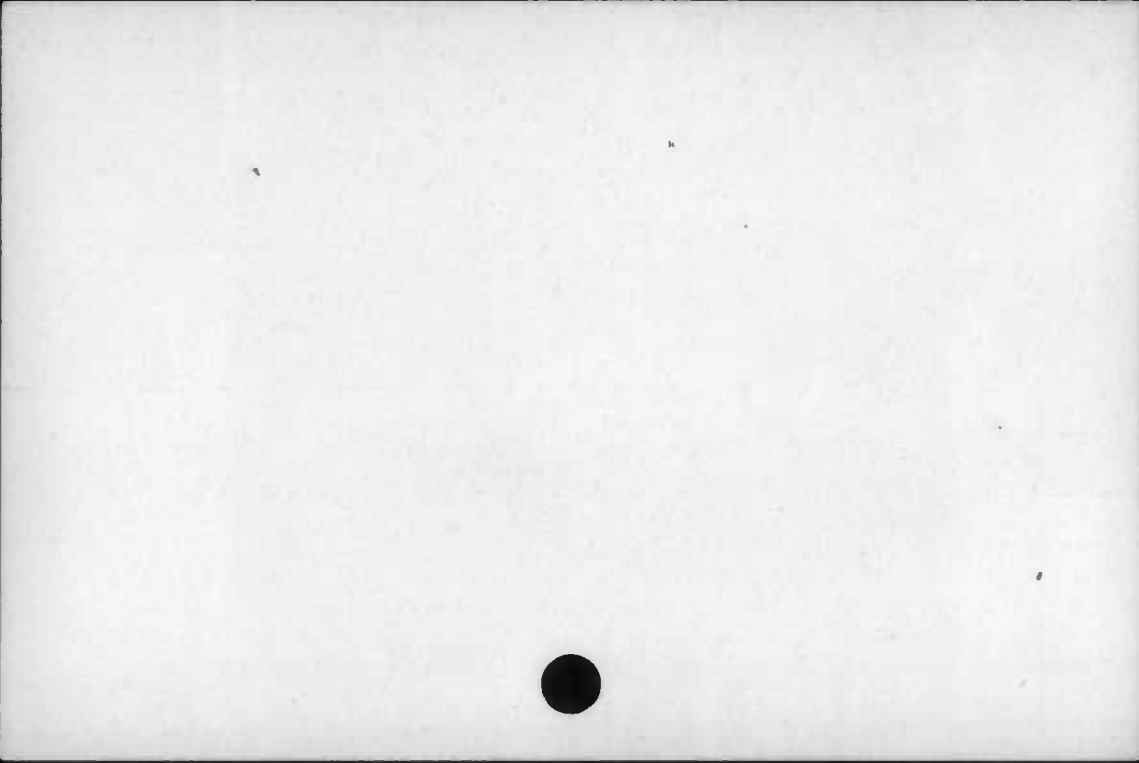
93Primary
*—*How long
*—*Immediate
*Pneumonia*How long
*One week*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

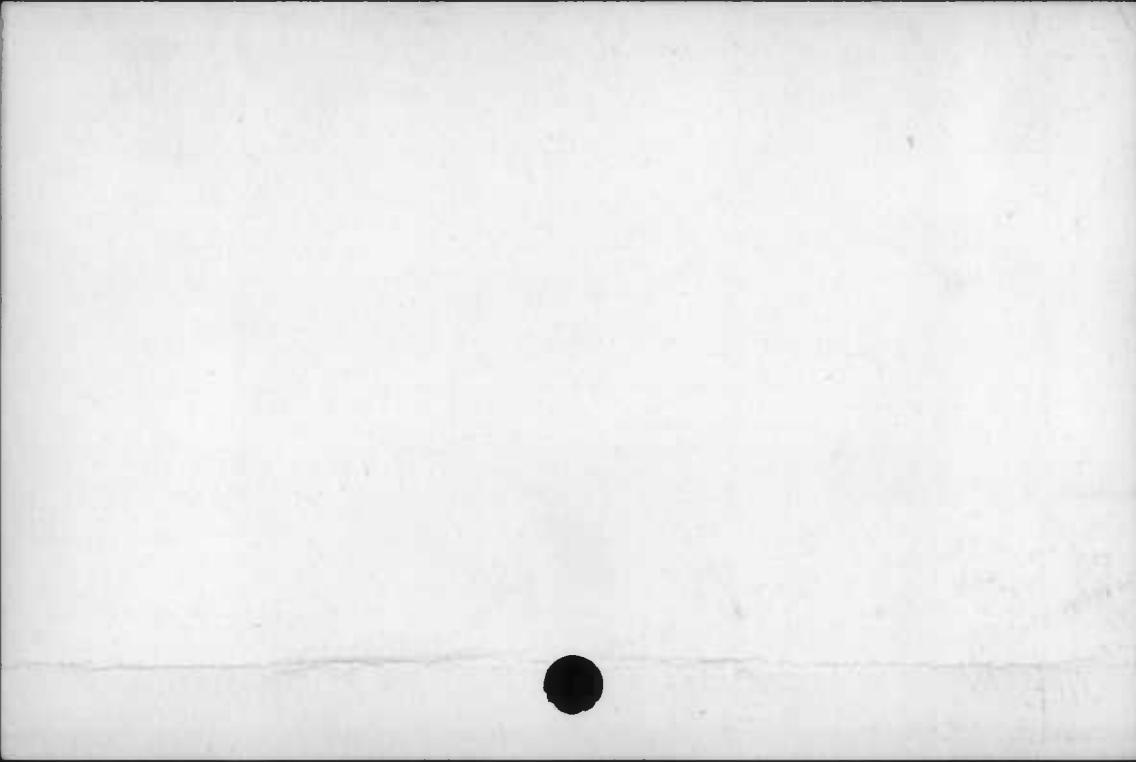
*J. L. Hopkins**Have de Grace**Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Morgan Mitchell Hughes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Aberdeen</u> Town		County <u>Harford</u>		MARYLAND	
		Date of death <u>1908</u> Month <u>December</u> Day <u>9th</u>		Age <u>28</u> Years		Months <u> </u> Days <u> </u>	
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
		Occupation <u>"Sole of handy man"</u>		Where Residing if not at place of death <u> </u>			
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Jessie Fulton</u>			
		Father's Name <u>W. Olin Hughes</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Cistelle Morgan</u>		Mother's Birthplace <u>Harford Co</u>					
Name of person giving information <u>Clifford C. Barnes</u>		How related to deceased <u> </u>					
PHYSICIAN OR CORONER		CAUSES OF DEATH				(176)	
		Primary <u>Accident</u>				How long <u> </u>	
		Immediate <u>Accident</u>				How long <u> </u>	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>James J. Kennedy</u>	
				Address <u>Aberdeen Md</u>			
-Accident or Suicide ? <u>Murder (?)</u>							



Name
in
Full

Harry R. Jennings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Harrods Grace* ^{Town} *Harford* ^{County}Date of death *1908* ^{Month} *Dec.* ^{Day} *19* ^{Years} *3* ^{Months} *4* ^{Days} *-*Sex *Male* Color or Race *White* Birth-place *Harrods Grace*Occupation *None* Where Residing if not at place of death " " "Married, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *Harry Jennings* Father's Birthplace *Baltimore*Mother's Maiden Name *Fannie Dye* Mother's Birthplace *Harford Co.*Name of person giving information *Harry Jennings* How related to deceased *Father*

CAUSES OF DEATH

Primary *Measles* ^{How long} *5 or 6 days*Immediate *Pneumonia* ^{How long}Are the name, age, sex, color, date and place correctly given above? *Yes*

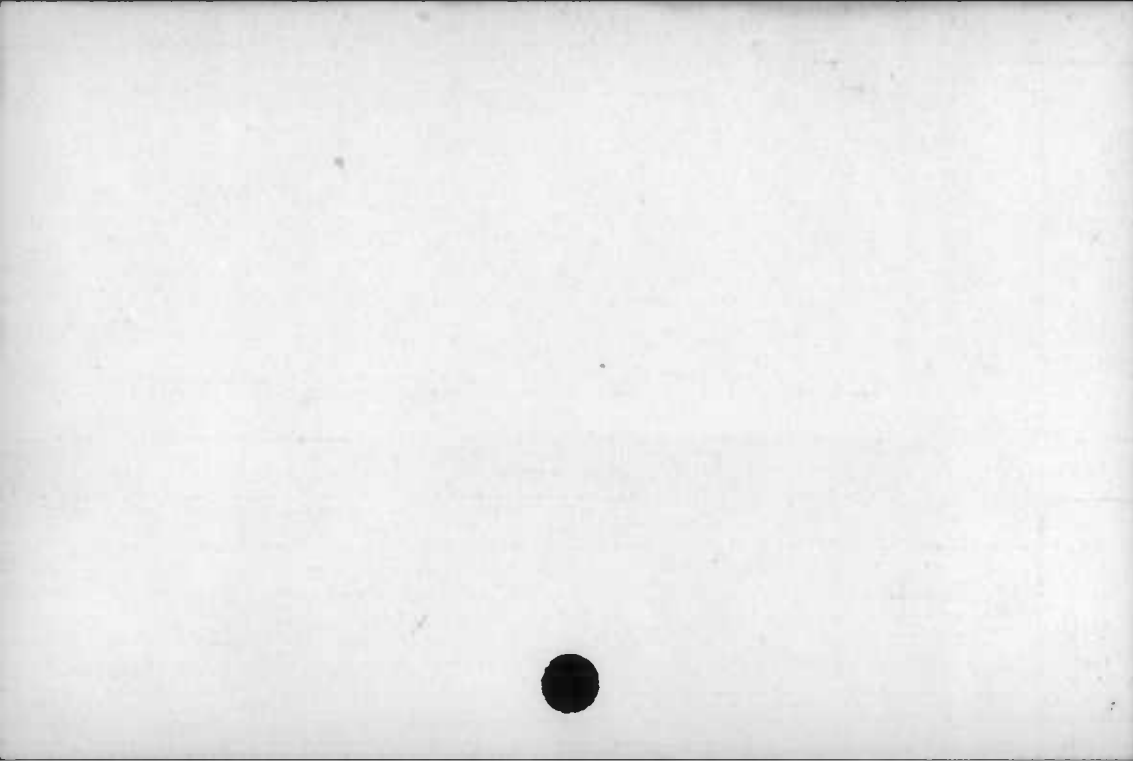
Signature of Physician

Address

R. W. Smith
Harrods Grace

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in -
Full -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs E. B. Boyd Keller*

Town *Ships-land* County *Harford*

Died at *Ships-land*

Date of death *1908* Month *Dec* Day *17* Age *29* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Mill Green*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, ~~Yes~~ *Widow* Name of Wife or Husband *Unknown Mrs Keller*

Father's Name *Joseph Boyd* Father's Birthplace *Rock Md*

Mother's Maiden Name *Keller M. Green* Mother's Birthplace *Mill Green Md*

Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis*

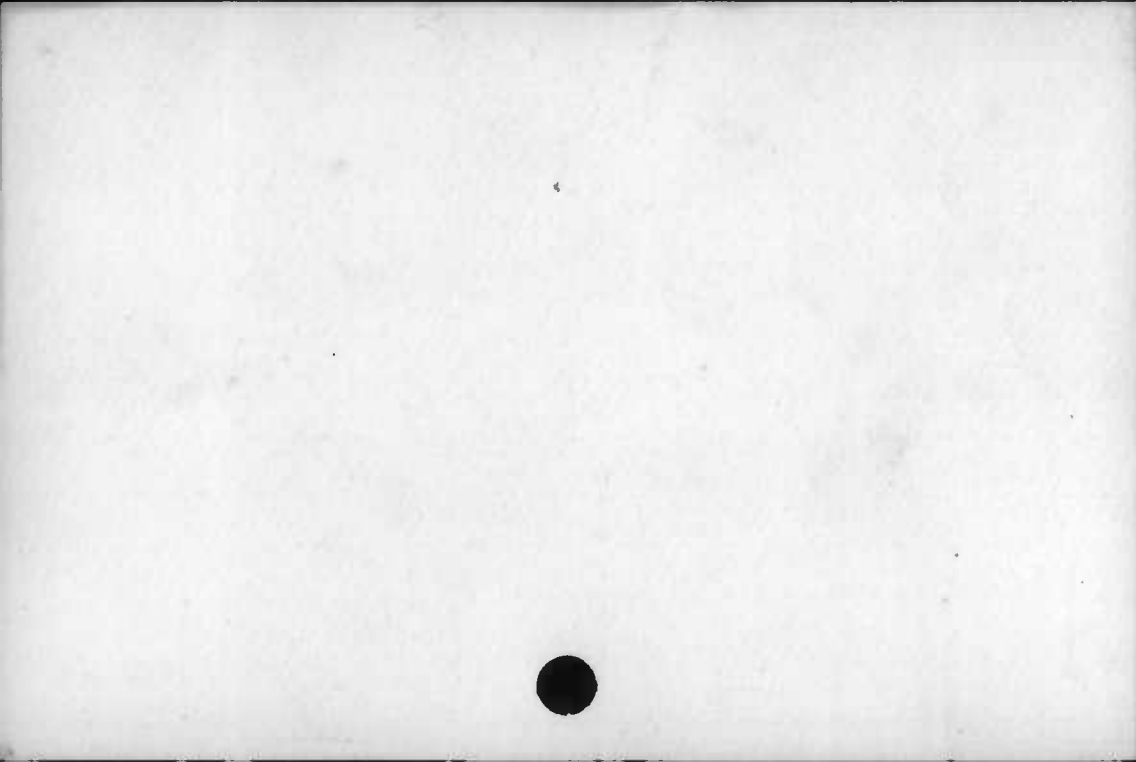
Immediate *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. B. Arthur*

Address *Harford Md*

Accident or Suicide? *No*



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Charles R. Kelley

CERTIFICATE OF DEATH

MARYLAND

Died at *Harve de Grace* *Harford*Date of death *1908* *Dec* *19* *19* *1* *1*Sex *Male* Color or Race *White* Birth-place *Harve de Grace*Occupation *none* Where Residing if not at place of death *" " "*Married, Single or Widowed *Single* Name of Wife or Husband *none*Father's Name *John T. Kelley* Father's Birthplace *Harford Co.*Mother's Maiden Name *Annie Daniels* Mother's Birthplace *Ireland*Name of person giving information *John T. Kelley* How related to deceased *Father*

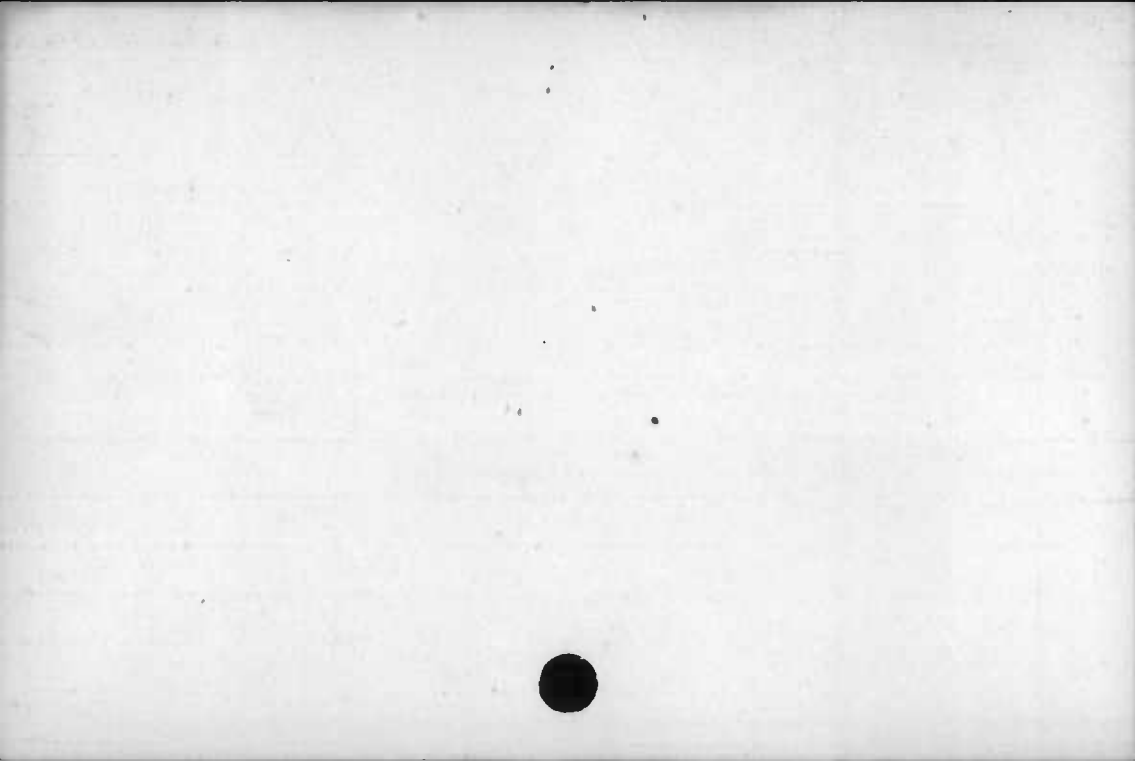
CAUSES OF DEATH

90

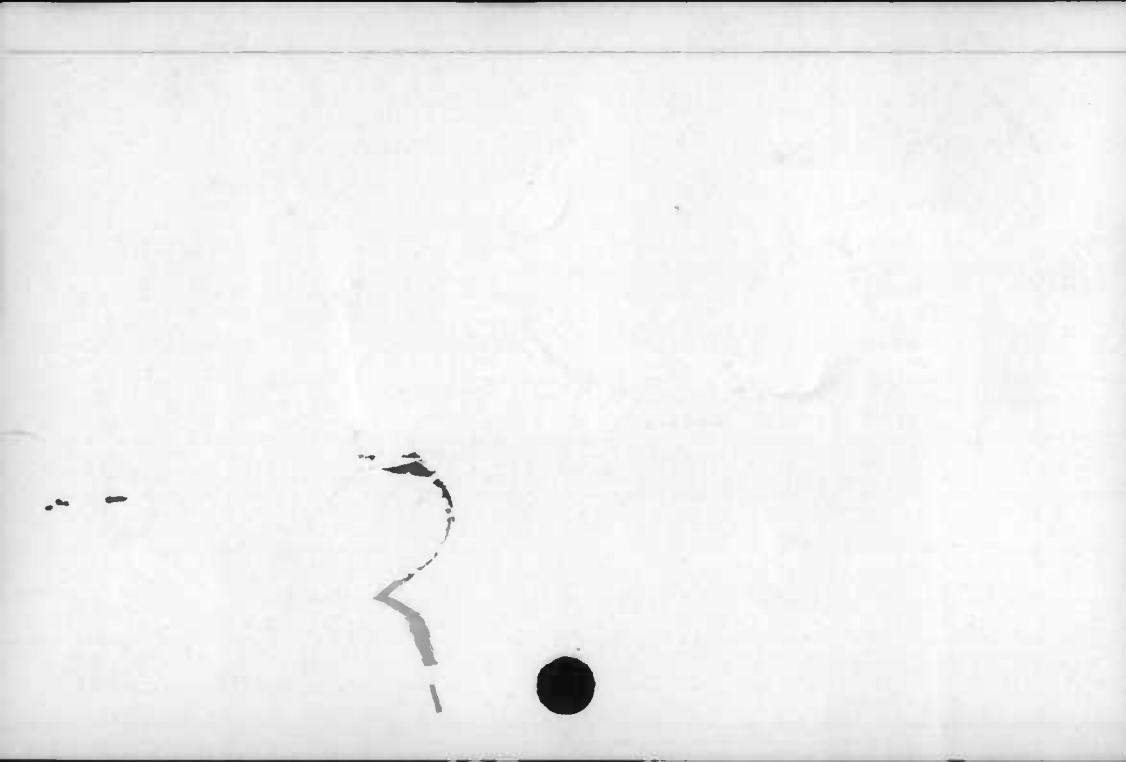
Primary *Acute Bronchitis* How long *4 or 5 days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *R. H. Smith*Address *Harve de Grace*Accident or Suicide? *Nil*



Name in Full		Anna Mc Gee McKenna				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Bagley		County Harford		MARYLAND
	Date of death		Month Dec	Day 27	Years 66	Months	Days
	Sex F		Color or Race W		Birth-place Ireland		
	Occupation Housewife		Where Residing if not at place of death				
	Married, Single or Widowed m.		Name of Wife or Husband Thos. McKenna				
	Father's Name Thos. McGee		Father's Birthplace Ireland				
	Mother's Maiden Name Mary Morgan		Mother's Birthplace Ireland				
Name of person giving information Daughter Rosa McKenna		How related to deceased 27					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis				How long 1 year.
	Immediate		Exhaustion				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Robert S. Poff		
					Address Bel Air.		
	Accident or Suicide?						



Name
in
Full

Carrie Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Harford County MARYLAND

Date of death 1908 Month 12 Day 27 Age Years 45 Months — Days —

Sex Female Color or Race Col Birth-place Ind

Occupation House work Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Unknown Father's Birthplace —

Mother's Maiden Name Unknown Mother's Birthplace —

Name of person giving information Sarah Peck How related to deceased Not at all

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Indigestion How long 6 mos

Immediate Epilepsy How long 3 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. Woodward

Address White House Ind

Accident or Suicide —



Name
in
Full

Frances Monk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

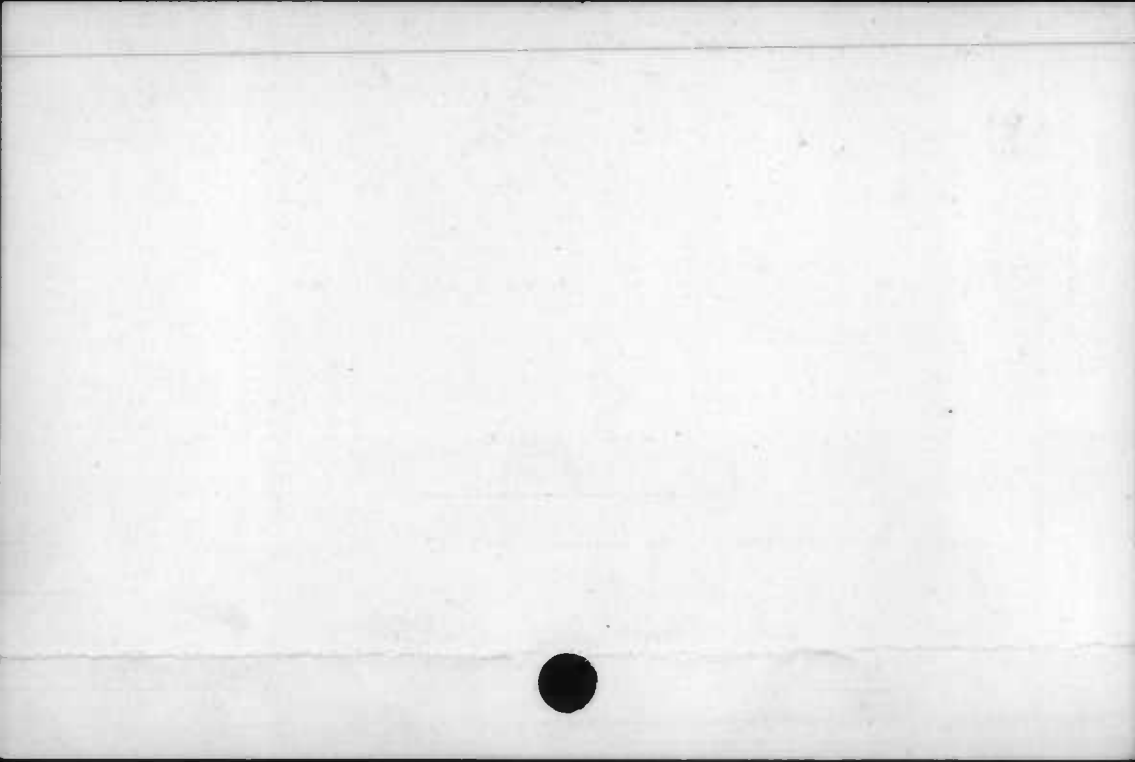
Died at <i>Near Michaelsville</i> ^{Town}		<i>Hearford</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>12</i>	Day <i>15</i>	Age <i>49</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Port Tobacco</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James H Monk</i>			
Father's Name <i>Henry Ford</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>James H Monk</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>1 yr.</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Stier</i>
	Address <i>Pringman</i>
Accident or Suicide?	<i>Med</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Annie Monks</i>		Town <i>Gibson</i>		County <i>Stafford</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>Dec</i>		Day <i>16</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>41</i>		Years <i>2</i>	
Occupation <i>Stitch.</i>		Birth-place <i>Stafford Co.</i>		Months		Days	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>G. J. Monks</i>		Where Residing if not at place of death			
Father's Name <i>Henry Mittendorf</i>		Father's Birthplace <i>Germany</i>		Mother's Maiden Name <i>Cassandra Everett</i>		Mother's Birthplace <i>Ind.</i>	
Name of person giving information <i>T. J. Monks</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Probably heart disease</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. Lee Hughes</i>	
		Address <i>Bel Air, Md.</i>	
Accident or Suicide?			

Robert Payle
John Robinson
David Duple
Michael II
Wm Hilditch
John Wheeler

Wm Taber

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Whitford</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death	1908	Month	Dec.	Day	2
Age	21	Years		Months	7
Sex	Male	Color or Race	White	Birth-place	Ind.
Occupation	Saborer		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Thos W. Morris			Father's Birthplace	Ind.
Mother's Maiden Name	Nancy J. Jones			Mother's Birthplace	Ind.
Name of person giving information	Nancy J. Jones			How related to deceased	Mother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	15 months
Immediate	General Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. Austin Delcher, M.D.</u>	
		Address <u>Condiff, Md.</u>	
Accident or Suicide?			

Met Vernon

1905-08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	<i>190</i> ^{Year}	<i>Dec</i> ^{Month}	<i>2</i> ^{Day}	Age <i>73</i> ^{Years}	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ohio</i>			
Occupation <i>Agent</i>	Where Residing if not at place of death <i>Bel Air Md.</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Sue Wann</i>				
Father's Name <i>John Reynolds</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Mary A Mullin</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Sue Reynolds</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Myocardial Infarction</i>	How long <i>1 yr.</i>
Immediate <i>Cardiac Failure</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. Richardson</i>
	Address <i>Bel Air Md</i>
Accident or Suicide?	

Rock Spring

Name
In
Full

Ada Robinson

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Poole

Harford

Date

Month

Day

Years

Months

Days

of death 1908 Dec'r

28

Age 31

Sex

Female

Color or
Race

White

Birth-
place

Harford Co

Occupation

Housekeeper

Where Residing if not
at place of death

Poole Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Howard Robinson

Father's
Name

Ephraim Hopkins

Father's
Birthplace

Harford Co

Mother's
Maiden Name

Marian Jones

Mother's
Birthplace

Harford Co

Name of person giving
In formation

Wm M Anderson

How related
to deceased

No

CAUSES OF DEATH

Primary

Typhoid fever

How long

Two weeks

Immediate

Intensity of infection Temp 105.8°

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
PhysicianEphr^m Hopkins

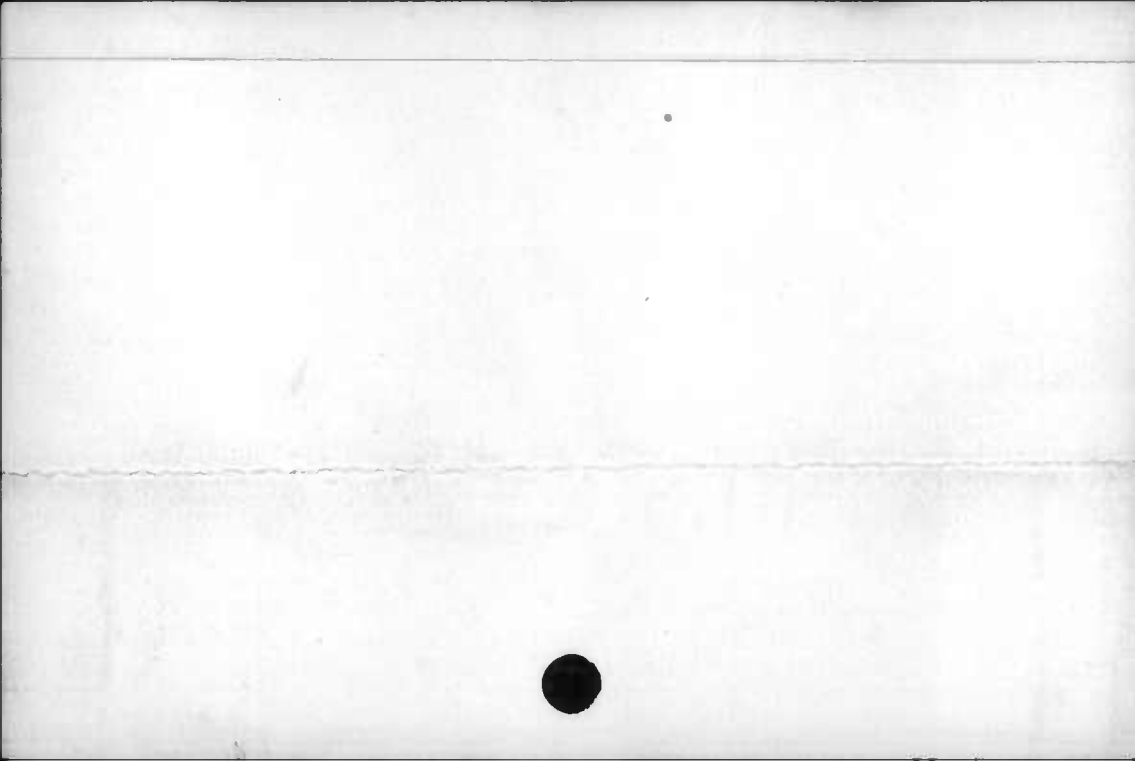
Address

Darlington

M'd

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

John Barclay Scarborough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

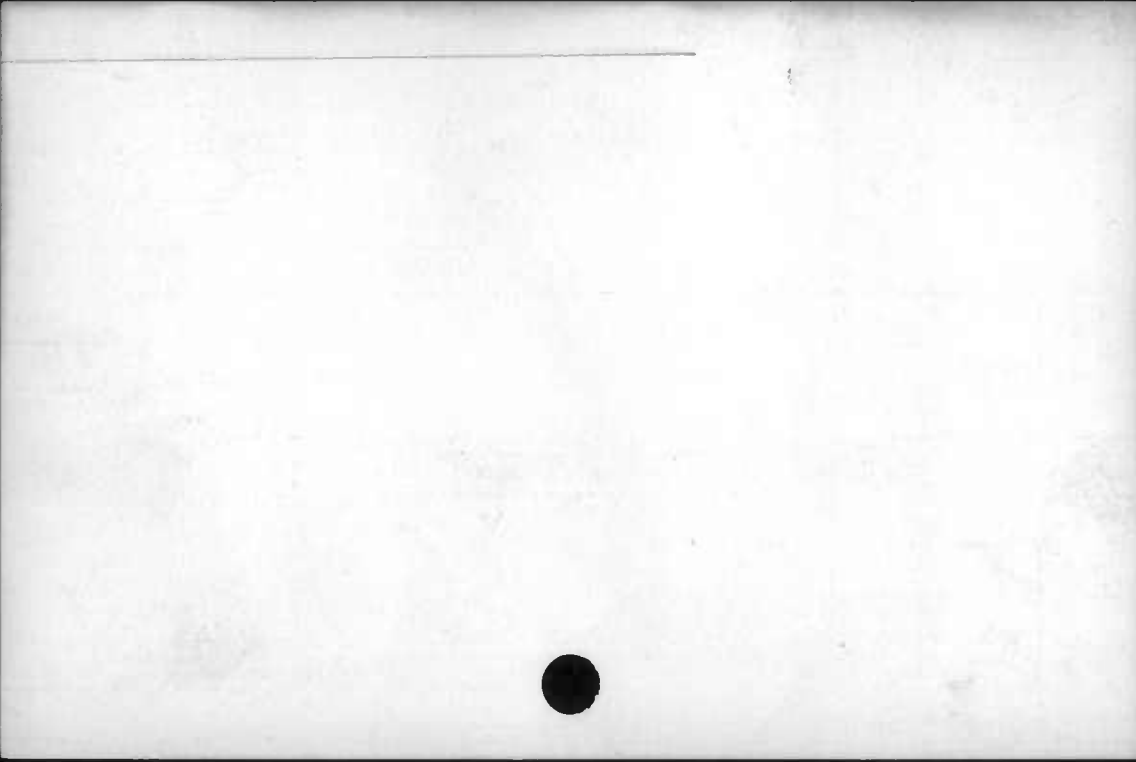
Died at <i>Scarboro</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec'r</i>	Day <i>25</i>	Age <i>73</i> <small>Years</small>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co</i>		
Occupation <i>Farm & School Teacher</i>		Where Residing if not at place of death <i>Scarboro</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Fannie Lewin</i>				
Father's Name <i>Benjamin Scarborough</i>	Father's Birthplace <i>Harford Co</i>				
Mother's Maiden Name <i>Hannah Barclay</i>	Mother's Birthplace <i>Harford Co</i>				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long <i>3 years</i>
Immediate	<i>Second attack</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Ephraim Hopkins</i>
		Address <i>Darlington Md</i>
Accident or Suicide?		



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Anna C. Smith*
 Town *Emmorton* County *Starford*
 Died at

MARYLAND

Date of death 1908 Month *June* Day *10* Age *37* Years Months *—* Days *—*

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation *Housewife* Where Reiding if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Wm H Smith*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Chas A Smith* How related to deceased *Step son*

CAUSES OF DEATH

Primary *Carcinoma of Stomach* How long *6 months*
 Immediate *Anemia* How long *—*

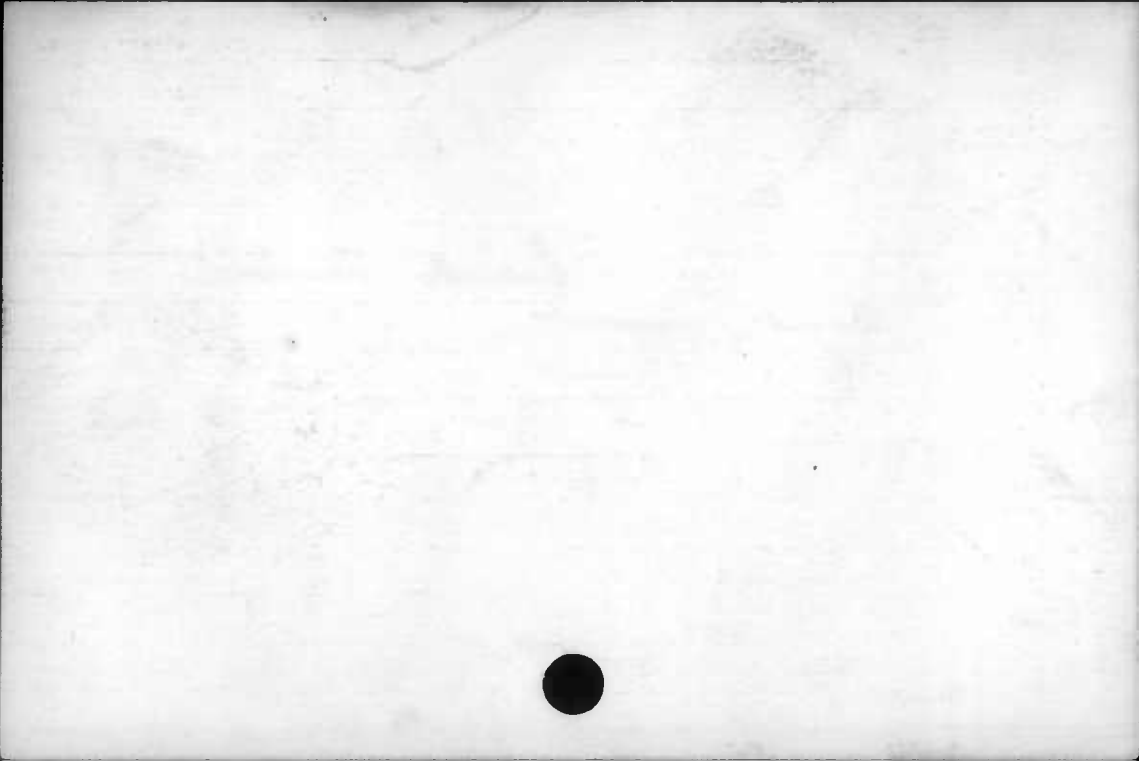
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Chas E Roth
Edgewood Md

Accident or Suicide



Name
in
Full

William Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calvary</i> <small>Town</small>		<i>Stafford</i> <small>County</small>		MARYLAND	
Date of death	1908	Month	12	Day	27
Age		63		Months	—
Sex	Male		Color or Race	Black	
Occupation	Labor		Birth-place	Maryland	
Where Residing if not at place of death			Calvary		
Married, Single or Widowed	Married		Name of Wife or Husband	Sarah Taylor	
Father's Name	Don't Know		Father's Birthplace	Don't Know	
Mother's Maiden Name	Don't Know		Mother's Birthplace	Don't Know	
Name of person giving information	Sarah Taylor		How related to deceased	Wife	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's disease</i>	How long	<i>2 years</i>
Immediate	<i>Dropsy & heart failure</i>	How long	<i>5 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. A. Callahan</i>	
		Address <i>Baleamp Md</i>	
Accident or Suicide?			

1000



Name
in
Full

Samuel C. Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Fulford ^{County} Harford **MARYLAND**

Date of death ^{Month} Dec ^{Day} 6 ^{Years} 7 ^{Months} — ^{Days} —

Sex Male Color or Race Black Birth-place Ind

Occupation — Where Residing if not at place of death Fulford

~~Married, Single~~
or ~~Widowed~~

Name of Wife or
HusbandFather's
NamePhillip R. TurnerFather's
BirthplaceIndMother's
Maiden NameLaura T. BarrettMother's
BirthplaceIndName of person giving
informationPhillip R. TurnerHow related
to deceasedFather

CAUSES OF DEATH

92PHYSICIAN
OR CORONER

Primary

Broncho Pneumonia

How long

2 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianR. S. Day

Address

Blue Ave.

Accident or Suicide?

Asbury

Name
in
Full

Alice Webster

CERTIFICATE OF DEATH

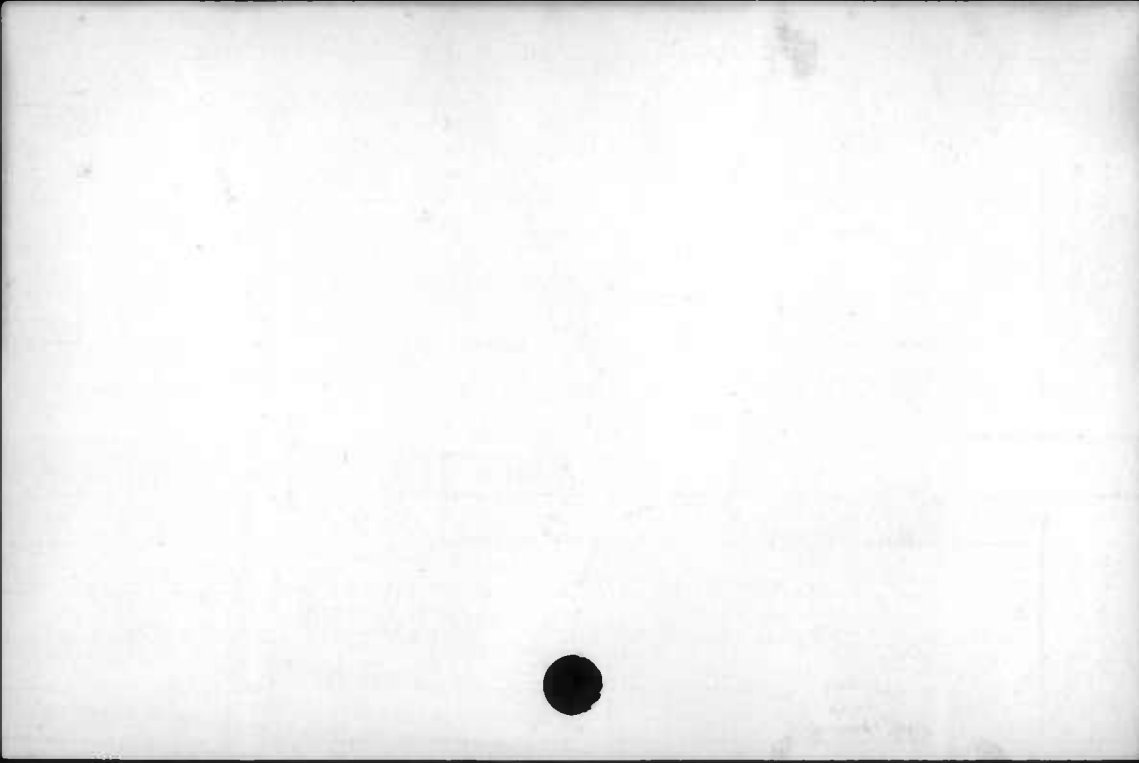
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Berkley		^{County} Harford		MARYLAND	
Date of death	1908	Month	Dec'r	Day	14
Age	39	Years		Months	8
Sex	Female	Color or Race	Negro	Birth-place	Harford County
Occupation	House Maid		Where Residing if not at place of death at Berkley		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Alfred Webster		Father's Birthplace	Harford Co., Md	
Mother's Maiden Name	Annie E. James		Mother's Birthplace	Harford Co., "	
Name of person giving information	John Webster		How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	5 or 6 years
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Eph ^m . Hopkins
		Address	Darlington
Accident or Suicide?	no		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Russ Whitford</i>		Town <i>18 Pylesville</i>		County <i>Harpford</i>		MARYLAND	
Died at <i>18 Pylesville</i>		Month <i>Nov</i>		Day <i>3</i>		Years <i>75</i>	
Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>3</i>		Years <i>75</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harpford Md</i>		Months <i></i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i></i>		Days <i></i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i>Rachel M. Bonheer</i>		Father's Birthplace <i>Harpford W.</i>		Mother's Birthplace <i>" "</i>	
Father's Name <i>Hugh Whitford</i>		Name of Wife or Husband <i>Rachel M. Bonheer</i>		Father's Birthplace <i>Harpford W.</i>		Mother's Birthplace <i>" "</i>	
Mother's Maiden Name <i>Alice Whitford</i>		Name of Wife or Husband <i>Rachel M. Bonheer</i>		Father's Birthplace <i>Harpford W.</i>		Mother's Birthplace <i>" "</i>	
Name of person giving Information <i></i>		Name of Wife or Husband <i>Rachel M. Bonheer</i>		Father's Birthplace <i>Harpford W.</i>		Mother's Birthplace <i>" "</i>	
Name of person giving Information <i></i>		Name of Wife or Husband <i>Rachel M. Bonheer</i>		Father's Birthplace <i>Harpford W.</i>		Mother's Birthplace <i>" "</i>	
Name of person giving Information <i></i>		Name of Wife or Husband <i>Rachel M. Bonheer</i>		Father's Birthplace <i>Harpford W.</i>		Mother's Birthplace <i>" "</i>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Nervous Prostration</i>	How long <i>6 weeks.</i>
Immediate <i>Hemorrhage of Brain</i>	How long <i>2 Days.</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>R. Warren Ramsey</i>
	Address <i>Delts. Pa.</i>
Accident or Suicide <i></i>	

Bury at Stationville Dec 21

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Mrs Estelle H. Wilson* Town *Emmorton* County *Harford*

Died at *Emmorton*

Date of death *1908* Month *12th* Day *10* Age *65* Years Months *4* Days

Sex *female* Color or Race *White* Birthplace *Penna*

Occupation *Housewife* Where Residing if not at place of death *Emmorton Md*

Married, Single or Widowed *Married* Name of Wife or Husband *Ralph L. Wilson*

Father's Name *Joseph Hunt* Father's Birthplace *Delaware Co Pa*

Mother's Maiden Name *Debie H. Kirgan* Mother's Birthplace *Chesler Co Pa*

Name of person giving information *Jas. P. Hunt (Brother)* How related to deceased

CAUSES OF DEATH

Primary *Malignant Tumor of spleen, ovaries* How long *14 years*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

YES

Signature of Physician

Address

C. A. Hollingsworth

232 W. 1st St

and

Accident or Suicide?

